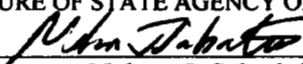
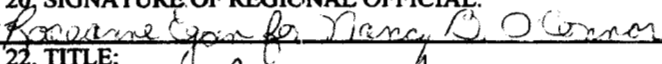


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 05-04	2. STATE Maryland
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 23, 2004	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2004 \$ 0 b. FFY 2005 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16B, Page 1 Attachment 4.16B, Page 2 Attachment 4.16B, Page 3 Attachment 4.16B, Page 4 (continued on next page)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.16B, Page 1 (92-7) Attachment 4.16B, Page 2 (92-7) Attachment 4.16B, Page 3 (92-7) Attachment 4.16B, Page 4 (92-7) (continued on next page)	
10. SUBJECT OF AMENDMENT: Memorandum of Understanding between State agencies regarding how each agency provides comprehensive health care services to certain eligible low income residents of the State of Maryland.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Susan J. Tucker, Executive Director Office of Health Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201	
13. TYPED NAME: Nelson J. Sabatini			
14. TITLE: Secretary, Department of Health & Mental Hygiene			
15. DATE SUBMITTED: September 13, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: SEPTEMBER 13, 2004		18. DATE APPROVED: DEC 03 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 23, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Nancy B. O'Connor		22. TITLE: Acting Regional Administrator	
23. REMARKS:			

SPA 05-04
Maryland
Medicaid

8. Page number of the plan section or attachment: 9. Page number of the superseded plan section or attachment:

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COOPERATIVE AGREEMENT

between

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TITLE XIX MEDICAID AGENCY,

TITLE V MATERNAL AND CHILD HEALTH AGENCY AND THE

**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS
AND CHILDREN (WIC)**

WHEREAS, the Medical Assistance Program, Maryland Department of Health and Mental Hygiene (hereinafter "the Medicaid Program") is established pursuant to the federal Social Security Act, 42 U.S.C. §1396 et seq., and the Maryland Health – General Code Annotated, Title 15, Subtitle 1, for the purpose of providing comprehensive health care services to certain eligible low income residents of the State of Maryland including Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) services; and

WHEREAS, the State Children's Health Insurance Program (herein known as the Maryland Children's Health Program or MCHP) is established pursuant to the federal Social Security Act, 42 U.S.C. §1397aa-1397jj, and the Maryland Health – General Code Annotated, Title 15, Subtitle 301, for the purpose of providing comprehensive health care services to certain eligible low income children under age 19 who are not otherwise eligible for Medicaid and;

WHEREAS, the Medicaid Program operates the Maryland Children's Health Program as a Medicaid expansion with the full benefit package and;

WHEREAS, the Title V Maternal and Child Health Agency, Maryland Department of Health and Mental Hygiene (hereinafter "the Family Health Administration or FHA ") is responsible for the utilization of funds provided for by Title V Maternal and Child Health Block Grant of the Social Security Act, and the Maryland Health – General Code Annotated, §18-107, in the provision of Maternal and Child Health Services and Services for Children with Special Health Care Needs; and

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WHEREAS, the Special Supplemental Nutrition Program for Women, Infants and Children, Maryland Department of Health and Mental Hygiene (hereinafter "the WIC Program") is established pursuant to Section 17 of the Child Nutrition Act of 1966, as amended, for the purpose of providing supplemental foods and nutrition education to pregnant, and postpartum women, infants and young children from families with low incomes who are at risk by reason of inadequate nutrition or health care, or both; and

WHEREAS, the FHA also administers the Title X/ Family Planning Program with responsibility for Statewide needs assessment, program planning, development, implementation and evaluation of Title X family planning (FP) programs; and

WHEREAS, together these programs have the capacity to reduce maternal and infant mortality and childhood morbidity and mortality, promote the health of mothers, infants and children, and reduce disparities in health outcomes due to race; and

WHEREAS, the FHA plays a key role in identifying pregnant women, infants and children who are eligible for Medicaid and, once identified, assisting them in applying for such assistance; and

WHEREAS, the FHA, often through its local health department designees, provides the infrastructure for health care programs which may be utilized to provide services to the Medicaid Program's beneficiaries; and

WHEREAS, the FHA, is responsible for Statewide needs assessment, program planning, development, implementation and evaluation of maternal and child health programs; and

WHEREAS, family planning is a key strategy for improving MCH outcomes, and

WHEREAS, a medical home is of utmost importance for all children to assure early identification and treatment of health problems, and

WHEREAS, the Medicaid Program is responsible for payment for Medicaid services delivered to Medicaid beneficiaries by Title V providers; and

WHEREAS, the Medicaid Program is responsible for outreaching and informing all EPSDT eligible individuals about the importance of preventive health care, the Healthy Kids Program and Expanded EPSDT services, and the WIC Program; and

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WHEREAS, the Medicaid Program is responsible for the daily operations of the Maternal and Child Health 800-line for the State of Maryland and FHA/MCH will provide staff upon request at high volume times such as mass media campaigns, and

WHEREAS, FHA is responsible for providing funding for clinical services for low income maternal and child health populations not eligible for Medicaid; and

WHEREAS, FHA is responsible for assuring access to specialty care for children with special health care needs; and

WHEREAS, the WIC Program administered by FHA through its local agencies, is responsible for ensuring that high-risk populations who are potentially eligible for WIC are identified and made aware of the Program's benefits and services; and

WHEREAS, the WIC Program serves as an adjunct to good health care during critical times of growth and development:

WHEREAS, the WIC Program is responsible for certifying eligible applicants, informing applicants of the health services which are available, making referrals to appropriate health services, providing nutrition education to participants; and employing a voucher system to make WIC foods available to participants at no cost to eligible persons; and

THEREFORE, this Cooperative Agreement is entered into with the Medicaid Program, the Family Health Administration as the Title V Agency and the WIC Program in order to establish roles and responsibilities between the parties for the purpose of providing coordination of services to promote prompt access to high quality prenatal, intrapartum, postpartum, postnatal and child health services for women and children eligible for benefits under Title V and XIX of the Social Security Act, and section 17 of the Child Nutrition Act of 1966, as amended.

In recognition of the foregoing, the Medicaid Program, the Family Health Administration and the WIC Program mutually agree to the following:

I. ADMINISTRATION AND POLICY

That the Medicaid Program will establish eligibility policy, regulations and procedures which facilitate access to care for pregnant women and children.

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2. That the Medicaid Program will perform outreach to encourage low income maternal and child populations to apply for Medicaid and to utilize preventive and primary care services.
3. That the FHA and its designees will provide services without regard to race, creed, color, age, sex, national origin, marital status, or physical or mental handicap.
4. That FHA will provide Medicaid with expertise and technical assistance related to programs and policies for children with special health care needs.
5. That FHA programs and their local health department designees will refer its clients who are eligible for Medicaid benefits and assist them in receiving services from providers who participate in the Maryland Medical Assistance Program.
6. That all parties will coordinate activities to enhance customer service and work to resolve problems with impact on timely access to services.
7. That all parties will coordinate strategic planning efforts to assure coordination in the design, implementation and evaluation of program services for women, infants and children.
8. That all parties will keep each other apprised of those services which are available to eligible individuals pursuant to federal law and State regulations and guidelines.
9. That all parties will collaborate when implementing significant changes to program policies that may impact the other (i.e. eligibility policy, regulations, budget priorities, operational or compliance changes).
10. That all parties will develop program policies and regulations that address standards of quality care.

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11. That all parties will promote family planning and prenatal care as key strategies for improving MCH outcomes.
12. That all parties will promote the importance of a medical home for all children and encourage early identification and treatment.
13. That FHA and Medicaid will collaborate on the development of tools and processes for identifying high- risk pregnant women and will jointly provide support for the Maryland Prenatal Risk Assessment system.
14. That the FHA and the Medicaid Program will develop training and education programs for medical professionals and consumers to benefit maternal and child health populations
15. That WIC and Medicaid will notify each other of policy or procedural changes that may have an affect on access to services and will coordinate with FHA on initiatives to improve maternal and child health.
16. That FHA will coordinate with Medicaid regarding activities and programs regarding childhood health promotion and prevention programs, such as obesity, asthma, and lead poisoning.

II. REIMBURSEMENT & CONTRACT MONITORING

7. That the FHA and its local health department designees will assure that clinical services are furnished by or under the direction of a physician or dentist.
18. That the FHA and its local health department designees will maintain adequate medical and financial records for a minimum of six years in a manner prescribed by the Medicaid Program and provide them to the Medicaid Program upon request.
19. That the FHA and its designees will refrain from knowingly employing or contracting with a person, partnership or corporation which has been disqualified from the Medicaid Program to provide or supply services to the Title XIX recipients unless prior written approval has been received from Medicaid.

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20. That when Medicaid makes payment to a Title V designee for a covered service, the Title V designee, e.g., local health department, will not require additional payment from the individual. If Medicaid denies payment or requests repayment on the basis that an otherwise covered service was not medically necessary or preauthorized if required by regulation, the Title V Agency will not seek payment for that service from the recipient.
21. That if an individual is eligible for services covered by both Medicaid/Title XIX and Title V programs, Title XIX funds will be utilized to reimburse providers for services covered by the Program. That if the Title XIX recipient has insurance or other coverage or if any other person is obligated, either legally or contractually, to pay for, or to reimburse the recipient for services covered by Medicaid the Title V programs agree to seek payment from that source first. If payment is made by both Medicaid and the insurance or other source, the Title V Agency shall refund to the Medicaid, within sixty days of receipt, the amount reimbursed by Medicaid or the amount paid by the insurance or other source, whichever is less.
22. That all parties will assure that services provided by its grantees are not duplicative and that services are consistent with Medicaid policies.
23. That FHA will collaborate with Medicaid regarding the planning and implementation of publicly funded oral health initiatives.
24. That FHA, WIC, and Medicaid will maintain a system to assure coverage for special infant formulas.
25. That FHA will provide specialty services that are not covered by Medicaid within limitations imposed by regulations and budgetary constraints.

III. CONFIDENTIALITY & DATA EXCHANGE

26. That the FHA, its designees, and WIC will maintain the confidentiality of the names and medical records of Medical Assistance recipients. Such information may be released to third party, other than another treating provider, only upon the consent of the recipient or the Program and in accordance with federal regulations and guidelines.
27. That FHA and Medicaid will safeguard and maintain the confidentiality of the names and medical records of recipients, when exchanging program data.

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28. That Medicaid, FHA, and WIC shall share data and participate in joint planning efforts in order to identify service gaps and improve the delivery of services to low income pregnant women and children and in accordance with federal regulations and guidelines.
29. That Medicaid will provide FHA with access to select Medicaid files to accomplish public health surveillance in accordance with Federal and State confidentiality rules.
30. That FHA and Medicaid will participate in the exchange of data necessary for the Title V and Title X re-application that requires annual updates on standardized National and State Performance Measures, the periodic Comprehensive Needs Assessment, and the Title X Annual Report.
31. That Medicaid and FHA programs will coordinate and participate in the exchange of data related to the following: births to women enrolled in Medicaid and utilization of Family planning services; maternal, fetal, infant, and child death reviews; prenatal risk assessment data; to assure a high response rate for Pregnancy Risk Assessment Monitoring System (PRAMS); and treatment of children exposed to lead.
32. That Medicaid and FHA will exchange data necessary to conduct quality assurance and utilization studies in order to evaluate the Maryland Dent Care Loan Assistance Repayment Program.
33. That Medicaid and WIC will ensure that any sharing of client data conforms to privacy and confidentiality rules in accordance with State law and Department of Agriculture (USDA) federal WIC regulations.

The Directors of the FHA, the Medicaid Program and the WIC Program further agree to designate from their staffs appropriate liaisons whose responsibilities shall include regular and periodic communication about the programs and operations described in this Cooperative Agreement. *The remainder of this cooperative agreement addresses more specific recipient outreach and referral, training and technical assistance, provider capacity, and quality assurance activities to be carried out by Medicaid and by specific units within FHA.*

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IV. RECIPIENT OUTREACH AND REFERRAL**A. Primary and Preventive Care for Children**

- All FHA programs will assist Medicaid with the distribution of MA/MCHP applications.
- Medicaid, through its LHD grantees, will conduct outreach to Medicaid recipients to ensure that families are informed about EPSDT services, WIC, and relevant Title V and Title X programs.
- Medicaid and FHA programs will coordinate hotline activities to share information and assure that callers are referred to the appropriate services.
- FHA programs will verify Medicaid eligibility prior to providing services and will refer potentially eligible Medicaid/MCHP families for eligibility determination.
- FHA/Oral Health will refer children in need of oral health services who are identified through publicly funded clinics to the appropriate provider for treatment.
- FHA/Oral Health and Medicaid will work collaboratively to update the resource guide of dental providers that are willing to serve low income and the un/underinsured populations.

B. Children with Special Health Care Needs

- FHA/CSHCN will provide statewide resource and referral services to families and providers of children with special health care needs.
- Medicaid will refer those children with special health care needs that are not eligible for Medicaid/MCHP to FHA/CSHCN for assistance with resources and services.
- Medicaid will link families of children with special health care needs to the CSHCN or community resources for services not generally covered by Medicaid.
- FHA/CSHCN will refer Medicaid children in need of special assistance or care coordination to the appropriate Medicaid case manager.
FHA/CSHCN will link those SSI recipients that are eligible for Medicaid but who are not enrolled, to the MCH hotline or appropriate LDSS/Medicaid eligibility unit.
- FHA/CSHCN will follow-up with the families of all infants with positive newborn hearing screens and positive newborn blood spots screens.
- Medicaid will assist families in accessing specialty care services and navigating the health care delivery system.
- Medicaid and FHA/CSHCN will coordinate hotline activities to share information and assure that callers are referred to the appropriate services.

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